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**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

*A Public Document*GOVERNOR'S OFFICE  
LEGAL AFFAIRS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Fitts	Mike	Raymond	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
State Capitol, Office of Gov. Schwarzenegger	Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Gov. Arnold Schwarzenegger

Division, Board, District, if applicable:

Your Position:

Speechwriter

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☒ State☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_☒ Annual: The period covered is January 1, 2008,  
through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2008.☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2008, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.☐ Candidate Election Year: \_\_\_\_\_**4. Schedule Summary**► Total number of pages  
including this cover page: 2► Check applicable schedules or "No reportable  
interests."I have disclosed interests on one or more of the  
attached schedules:Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*Schedule B ☐ Yes – schedule attached  
*Real Property*Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*Schedule D ☒ Yes – schedule attached  
*Income – Gifts*Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule**5. Verification**I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.Date Signed March 9, 2009Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
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▶ NAME OF SOURCE		
Governor Arnold Schwarzenegger		
ADDRESS		
State Capitol, Sacramento CA, 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
CA Governor		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 08	\$ 81.18	Jacket
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE		
ADDRESS		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE		
ADDRESS		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE		
ADDRESS		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE		
ADDRESS		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE		
ADDRESS		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: \_\_\_\_\_